

Work Order ID 106774

106774

Page 1

September-11-13 11:40:54 AM

Item ID: D3018-1 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: Seat Cushion
Start Date: 9/11/13 Start Qty: 4.00 *4* Cust Item ID:
Required Date: 9/11/13 Req'd Qty: 4.00 *4* Customer:
Reference:

Approvals: Process Plan: MLJ Date: 13-09-16 Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3018	B								

100 0.00

100

Purchasing

Purchasing

PURCHASING

Memo

Issue P/O: 21377

Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning

Order: Grade 55.65 (colour orange), Density 3.6lb/ft³

Material must meet FAR 27.853(a) or 25.853(a)

Part is symmetric about centerline-All dimensions

CA 13/09/17 (4)

110 0.00

110

Packaging

Packaging

Packaging

Memo

Ensure Material Release Note is attached

13/10/14 (4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 106774

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Page 2

September-11-13 11:40:54 AM

Item ID: D3018-1 Accept *N900040100* Setup Start *NS1*
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 Item Name: Seat Cushion
 Start Date: 9/11/13 Start Qty: 4.00 *4* Cust Item ID:
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 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC6- Inspect dimensions to drawing Memo *****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK ORDER FOR TRACEABILITY*****	0.00 0.00 1310.7				4			
130 *130* Packaging Packaging	Identify as per dwg & Stock Location: _____ Memo SD264A	0.00 0.00				4	13/10/8		DAS 32 9-89
140 *140* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							df/Rm 13/10/08 ME 13-10-08

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input type="checkbox"/></td> <td style="width:15%;">Crosstube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

September-11-13 11:40:54 AM

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Work Order ID: 106774

Parent Item: D3018-1

Parent Item Name: Seat Cushion

Start Date: 9/11/13

Required Date: 9/11/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.08Removed acid etch & alodine EC
NCR 11-588 DD VERF:EC IPP REV:C 11.08.08 added note per

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3018-1P Seat Cushion		Purchased	No			110	Each	0.0000	1	4		9/3/10/17	(4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

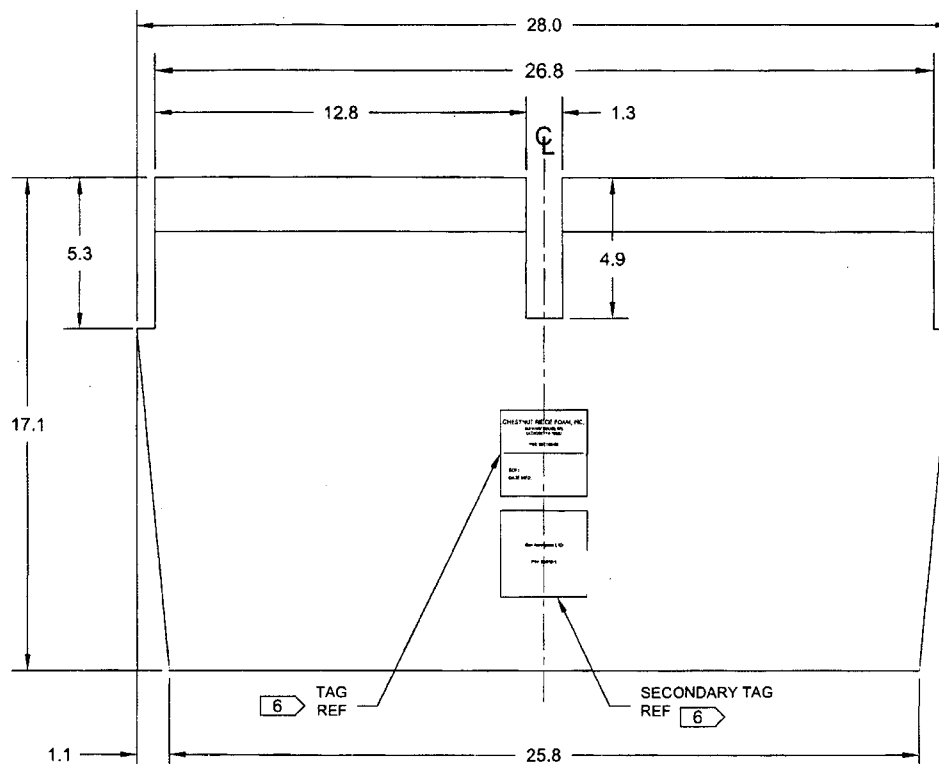
FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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SPECIFICATION CONTROL DRAWING

TABLE 1									
THICKNESS/ HEIGHT	TOLERANCE		LENGTH/ DEPTH	TOLERANCE		WIDTH (LEFT TO RIGHT)	TOLERANCE		
(*)	(-)		(*)	(-)		(*)	(-)		
0.0 - 0.50	0.06	0.06	0.00 - 6.00	0.06	0.06	0.00 - 6.00	0.06	0.06	
0.51 - 1.00	0.13	0.06	6.01 - 12.00	0.13	0.13	6.01 - 12.00	0.13	0.13	
1.01 - 3.00	0.13	0.06	12.01 - 24.00	0.25	0.25	12.01 - 24.00	0.25	0.25	
3.01 +	0.19	0.13	24.01 +	0.50	0.38	24.01 +	0.50	0.38	



D3018-1 SEAT CUSHION

NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a)
AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING
GRADE 55-65 (COLOUR ORANGE)
DENSITY 3.6 lb/ft³
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:

CHESTNUT RIDGE FOAM, INC.
443 WAREHOUSE DR.
LATROBE, PA 15650
SO#
DATE MFD:
DART AEROSPACE LTD. P/N D3018-1

- 7) PART IS SYMMETRICAL ABOUT CENTERLINE
- 8) MAKE PER TEMPLATE
- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 502148-99

106774 MJS
13-09-16

RELEASED
2011-05-10

B	UPDATE TO CURRENT STD; DRAWING REVISED	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.05.10		

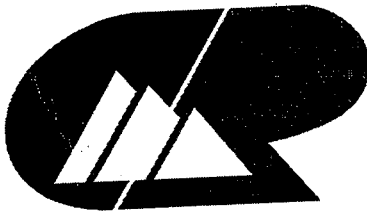
DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. REV. B
D3018 SHEET 1 OF 1
TITLE SCALE
SEAT CUSHION NTS

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NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT
WRITTEN PERMISSION FROM DART AEROSPACE LTD.

Chestnut Ridge Foam, Inc.
443 Warehouse Drive
P.O. Box 781
Latrobe PA 15650

Phone: 724-537-9000
Fax: 724-537-9003



PACKING SLIP

Page: 1

Packing Slip: 60473

Ship To:

Fed Exp #1517-9324-0
Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

Sold To:

Chantal Lavoie Fax#: 613-632-1053
Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

PO: 21377

Ship Via: Fed Exp Int P1

FOB: Origin

SO: 48185

Sales Person: Aircraft

Ship Date: 10/1/2013

*Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical
Burn with Shipment*

Line	Planned Qty	Shipped Qty	Backorder	Part Number	Revision
1	4.00EA	4.00		0.00 D3018-1P Description: AIRFLEX Bottom Cushion Our Part: 502148-99	
2	4.00EA	4.00		0.00 D3019-1P Description: AIRFLEX Back Cushion Our Part: 601988-99	

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000



**"URGENT! FLAMMABILITY CERTIFICATION
ENCLOSED. PLEASE FORWARD TO
PURCHASING. DO NOT THROW AWAY!"**

Certificate of Conformance

SOLD TO:

Dart Aerospace
1270 Aberdeen Street
Hawkesbury
Ontario CANADA K6A1KS

PURCHASE ORDER: 21377

SALES ORDER: 48185

DATE SHIPPED: 10.01.2013

***I certify that the individual components comprising the part shipped
against the above-referenced purchase order meets the following
requirements:***

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(iii), AMENDMENT 25-116

Quantity	Customer Part Number	CRF Part Number	Material	Batch Number
4	D3018-1P	502148-99	AIRFLEX 55-65	AF13032
4	D3019-1P	601988-99	AIRFLEX 30-40	AF13009, AF13023 AF13032, AF13033

MADE IN THE U.S.A

Grace Harr

Digitally signed by Grace Harr
DN: cn=Grace Harr, o=Chestnut Ridge
Foam, Inc., ou=QA Inspector,
email=crfqc@chestnutridgefoam.com,
c=US
Date: 2013.10.01 09:05:33 -04'00'

❖ 443 Warehouse Drive Latrobe, PA 15650
❖ Phone: 724-537-9000 Fax: 724-537-9003

CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 15039
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF13032
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 55-65

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 8-26-13
TIME : 9:00 AM

TEST STARTED : DATE : 8-27-13
TIME : 10:30 AM

RESULTS :

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	5.5
#2.	0.0	0.0	4.9
#3.	0.0	0.0	5.1
AVG.	0.0	0.0	5.2

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14828
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF13009
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 2-26-13
TIME : 11:00 AM

TEST STARTED : DATE : 2-27-13
TIME : 11:25 AM

RESULTS :

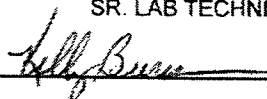
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.1
#2.	0.0	0.0	3.3
#3.	0.0	0.0	3.4
AVG.	0.0	0.0	3.3

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14958
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF13023
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 6-17-13
TIME : 10:00 AM

TEST STARTED : DATE : 6-18-13
TIME : 10:40 AM

RESULTS :

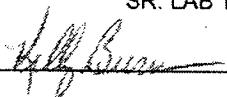
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.0
#2.	0.0	0.0	3.0
#3.	0.0	0.0	3.1
AVG.	0.0	0.0	3.0

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 15036
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF13032
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 8-26-13
TIME : 9:00 AM

TEST STARTED : DATE : 8-27-13
TIME : 10:10 AM

RESULTS :

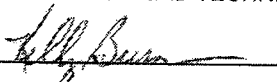
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.5
#2.	0.0	0.0	3.5
#3.	0.0	0.0	3.3
AVG.	0.0	0.0	3.4

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 15043
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF13033
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 9-4-13
TIME : 9:45 AM

TEST STARTED : DATE : 9-5-13
TIME : 11:00 AM

RESULTS :

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	2.6
#2.	0.0	0.0	2.9
#3.	0.0	0.0	2.5
AVG.	0.0	0.0	2.7

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 15058
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
 SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT: TICKING FR 4440 FABRIC
 BATCH / LOT NO.: 9744
 CUSTOMER: PRODUCTION
 P.O. NO.:
 OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC
 ON INVOICE #82-134424

TEST BEING RUN: VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED: DATE: 9-18-13
 TIME: 9:00 AM

TEST STARTED: DATE: 9-18-13
 TIME: 10:20 AM

RESULTS:

	FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
	WARP	FILL	WARP	FILL	WARP	FILL
#1.	0.0	0.0	0.0	0.0	3.7	3.9
#2.	0.0	0.0	0.0	0.0	3.8	3.8
#3.	0.0	0.0	0.0	0.0	3.9	3.6
AVG.	0.0	0.0	0.0	0.0	3.8	3.8

PASS: X FAIL:

COMMENTS:

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853, PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (i).

TESTED BY: KELLY BURES
 SR. LAB TECHNICIAN

CORPORATE OFFICE
 500 N. McLin Creek Rd.
 P. O. BOX 457
 CONOVER, NC 28613-0457
 PHONE (828) 464-4673
 FAX (828) 464-0459

HANES
engineered materials
 Lippert & Stahl COMPANY

INVOICE

PLEASE READ TO:
 HANES ENGINEERED MATERIALS
 L&P FINANCIAL SERVICES CO.
 P.O. BOX 60984
 CHARLOTTE, NC 28260

SOLD TO
 CHESTNUT RIDGE FOAM
 ROUTE 981 NORTH
 PO BOX 781
 LA TROBE, PA 15650

SHIP TO
 CHESTNUT RIDGE FOAM
 ROUTE 981 NORTH
 PO BOX 781
 LA TROBE, PA 15650

INVOICE NUMBER 62-134424	INVOICE DATE 9/11/2013	TERMS NET 30	CARRIER USF HOLLAND INC	ROUTING PER CUSTOMER REQUEST 5/17/01	PPICIA C
CUSTOMER NO. 15985	CUSTOMER ORDER NO. 31978	SLS. MGR. BUSMAN 65 452	ORDER DATE 9/06/2013	CONOVER, NC	DAY8
BILL OF LADING S/L 29733			RELEASE # 010 11989		
PRODUCT 15985	WIDTH 40.000	OM-2 01-2	DESCRIPTION TICKING FR 4440	UNIT 300	PK AL CC 2T
QUANTITY 5.092	DOM LN				
CERTIFICATION: THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE. USF HOLLAND INC PRON 1025081037					

15985

ORIGINAL

214 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUAL RATE EQUAL TO THE PRIME RATE OF THE CHASE MANHATTAN BANK, P.A. IN EFFECT ON THE FIRST DAY OF EACH MONTH PLUS 2% OR 18% PER ANNUAL WHICHEVER RATE IS HIGHER, WILL BE IMPOSED ON THE FIRST OF EACH MONTH ON ALL PAST DUE INVOICES PAID DURING THE MONTH.

TOTAL INVOICE
 AMOUNT

PAGE 1 LAST 41469

CHESTNUT RIDGE FOAM, INC.

443 WAREHOUSE DR.
LATROBE, PA 15650

P/N: 502148-99

SO# : **48185**
DATE MFD: **10/13**



CHESTNUT RIDGE FOAM, INC.

443 WAREHOUSE DR.
LATROBE, PA 15650

P/N: 502148-99

SO# : **48185**
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